

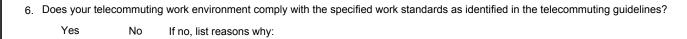
Telecommuting Feasibility Request

Section I - To be Completed by Employee

	Employee	Name:							
1.	•	rrent job responsibilities and performance plan):	specify those assignments yo	ou can complete utilizin	g the telecommuting arrangement (include				
2.	2. List the equipment/software (including version) you need at the secondary work- site to complete your job duties while telecommuting (personal computer, modem, telephone line, word processing, electronic mail, spreadsheets, mainframe applications, etc):								
3.	I will use:	Division Equipment	Personal Equipment	Combination	Please explain:				
4.	List other costs, such as long distance phone calls, the State may incur while you telecommute:								
_	My proposed to	Nocommuting schodulo will k	oo oo fallawa:						

My proposed telecommuting schedule will be	be as follows:
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	Telecommute Hours hh:mm am/pm		Office Hours hh:mm am/pm	
Saturday	to	Saturday	to	
Sunday	to	Sunday	to	
Monday	to	Monday	to	
Tuesday	to	Tuesday	to	
Wednesday	to	Wednesday	to	
Thursday	to	Thursday	to	
Friday	to	Friday	to	



7. Describe and designate your telecommuting work-site (include address, size, furniture, characteristics, separation from living area, etc...):

Section II - To be Completed by Supervisor								
1. What are the job assignments to be addressed by the telecommuting arrangement?								
Is the telecommuting arrai	ngement intended to be	e ongoing or for a specific	time period?					
3. What direct and/or indirect benefits will the state derive from entering into this telecommuting arrangement?								
How do you expect the be	4. How do you expect the benefits to be measured?							
5. Supervisor Comments:								
Section III - Reque	Section III - Request Status							
Request has been:	Approved	Denied						
Reason for denial:								
Employee Signature Date								
upervisor Signature			Dat	e				